



City of Rio Rancho

Development Services
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INSPECTION REQUEST FORM

CONTRACTOR NAME _____ SENT BY: _____

PH: _____ FAX: _____ EMAIL: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION FOR INSPECTIONS REQUEST
ALL COLUMNS SHOULD BE COMPLETED FOR YOUR REQUEST TO BE ENTERED PROPERLY
CUT OFF TIME FOR NEXT BUSINESS DAY INSPECTIONS IS 3:30 PM FOR FAX AND EMAIL

PERMIT#	INSPECTION TYPE	SITE ADDRESS

**** YOU MAY USE SHEET FOR MORE THEN ONE ADDRESS ****